


PATIENT

Holly Karaganova

SPECIES

Feline

BREED

Scottish Fold

SEX

Female Intact

AGE

10 months

WEIGHT

6.2lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 Graham Animal
 Hospital

REFERRING VET

Dr. Sprenger

INVOICE

21372

DATE

10/5/21

PRESENTING CLINICAL SIGNS

History: Had been diagnosed with a 'Grade 2' heart murmur as a kitten (not at Graham Animal Hospital) before she was sent to her new home. Not examined again since then but would like to spay and wants to ensure murmur is okay before surgery. Kitten is active and shows no signs of heart disease according to owner, however owner feels like her heart rate is rapid after playing and does open mouth breath after exertion sometimes. Exam done today mostly to just confirm whether murmur was still present. Today shows grade 3-4/6 heart murmur. Pansystolic, with harsher noises at beginning of systole, which trail off a bit. No audible arrhythmia. Mucous membranes pink and CRT <2sec. Heart rate 240bpm. Heart vibrations palpable on thoracic wall. No medications currently.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 250bpm with a regular rhythm. P waves cannot be identified; however, a sinus origin is suspected based upon an asymptomatic patient. The QRS is inverted and wide in morphology. ECG diagnosis: Suspect sinus tachycardia with abnormal QRS morphology; SVT/VT cannot be ruled out.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Non-diagnostic study. What can be said is the right atrium is markedly enlarged. The tricuspid valve appears thickened and there is severe tricuspid regurgitation. Standard images are distorted; however, an endocardial cushion defect is possible/suspected. Marked MPA and branch dilation. Scant pericardial effusion suspected.

CARDIAC CHART

| FELINE CARDIAC PARAMETERS | BODY WEIGHT (kg) | HR (BPM) | IVSd (cm) <small>(Moise, Pipers)</small> | LVIDd (cm) <small>(Moise, Pipers)</small> | LVWd (cm) <small>(Moise, Pipers)</small> | FS (%) | EF (%) |
|--|------------------|---------------------------------|---|--|---|-------------|--------|
| NORMAL PARAMETER | ----- | 150-240 | 0.35-0.55 | <2 (mean 1.5) | 3.5-0.55 | 35-67 | 80-100 |
| PATIENT | 2.81 | NM | NM | NM | NM | 38 | 70 |
| FELINE CARDIAC PARAMETERS | LA/AO (Boon) | LA/AO HEART BASE (Swe) (Abbott) | LA 2D short axis Base view (cm) (Abbott) | LVOT VEL (m/s) | RVOT VEL (m/s) | E max (m/s) | |
| NORMAL | <1.5 | <1.3 | <1.2 | <1.6 | <1.3 | <0.9 | |
| PATIENT | 1.3 | Nm | NM | 1.7 | 1.5 | NM | |
| *Note: All measurements based upon multi-modal images and methods. An average value is reported. Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979. | | | | | | | |

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complex congenital heart disease is identified without a definitive diagnosis. What can be said is the right heart is markedly dilated as is the main pulmonary artery. This may reflect an endocardial cushion defect (suspected); however, this is purely speculative. Standard imaging is unable to be obtained and immediate referral should be elected.



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Prognosis is guarded to poor long term given the severity of these findings, independent of the diagnosis. The ECG shows a rapid tachycardia which is suspected to be sinus in origin although other malignant issues are possible. A six-lead ECG would be ideal to more thoroughly evaluate the rhythm and should be considered.

SPECIES

Feline

If referral is declined, anesthesia should certainly not be performed. This patient is at extremely high risk for complications as it is let alone under anesthesia.

BREED

Scottish Fold

PLAN

Immediate referral is advised to determine definitive diagnosis and treatment plan.

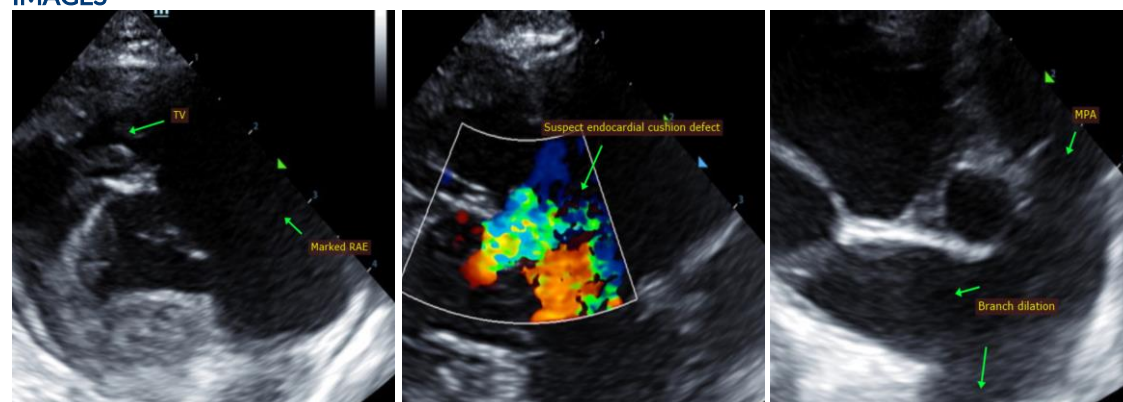
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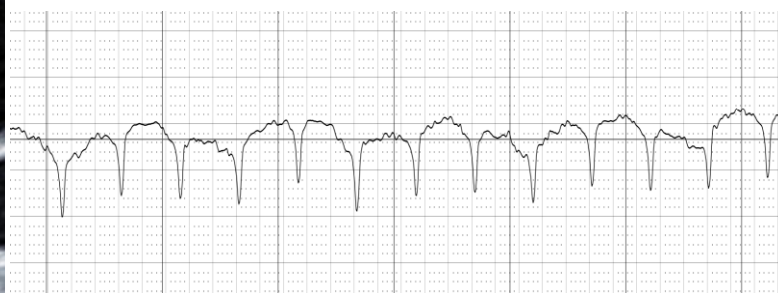
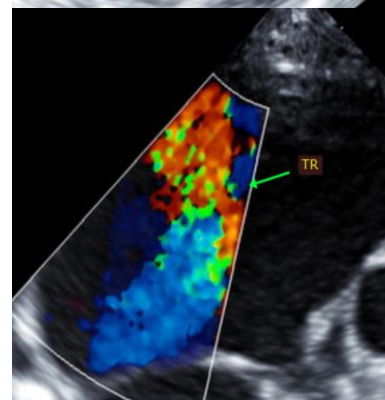


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

INVOICE

21372

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info@sonopath.com

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